## BEST AVAILABLE COPY

DATENT ADDITION OF									Application or Docket Number				
1_	PATENT APPLICATION FEE DETERMINATION RECO								10	/v	1454	/2	
	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
h	OTAL CLAIM	IS	(Colu	mn 1)	<u>(Co</u> [⊹&∴.	(Column 2)		TYPE		0		L ENTITY	
╟	FOR							RATE	FE	E	RATE	FEE	
_				NUMBER FILED		NUMBER EXTRA		BASIC F	EE 355.	00 O	R BASIC FI	F 710.00	
i	TOTAL CHARGEABLE CLAIMS			minus 20=				X\$ 9:	=	o	R X\$18=		
IJ—	INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PR			minus 3 =				X40=			R X80=	<u> </u>	
Ľ	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	·				+135=		7		1	
•1	f the differenc	ce in column 1 i	s less than	less than zero, enter "0" in column 2				TOTAL		∤``	`` <b>L</b> _	<del></del>	
CLAIMS AS AMENDED - PART II								IOIAL	·	0		<u> </u>	
_	(Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OF		R THAN . ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMB PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	NL	RATE	ADDI- TIONAL FEE	
Š	Total	. 50	Minus	6	Y	=	1	X\$ 9=	-	OF	X\$18=	1 55	
AME	Independent	· 2	Minus		3	= -	7	X40=		OF	X80=		
<u> </u>	15-	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		t	. 40È	<del>                                     </del>	7		<del>                                     </del>	
	A BEST	•					L	+135=	<del> </del>	OR	TOTAL		
f	A, AA (Column 1) (Column 2) (Column 3)						. А	DDIT. FEE			ADDIT. FEE		
8		CLAIMS		HIGHE	ST	(Column 3)	г		ADDI-	7	r	1 4001	
AMENOMENT		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
Ş	Total	. 50	Minus	52	1	=	╌	X\$'9=	<u> </u>	OR	X\$18=		
₹	Independent	NTATION OF MI	Minus	3	5	-		X40=		OR	X80=		
	·	·	JUIPLE DE	PENDENT	CAIM			+135=		OR	+270=		
						•	AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		' (Column	1 2)	(Column 3)							
AWENDWEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ة آ	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	ndependent	ATATION OF TH	Minus	•••		-		X40=		OR	X80=		
FIRST PRESENTATION OF MUSTIPLE DEPENDENT CLAIM +1													
. H	. If the entry in column 1 is less than the entry in column 2 write 10" in column 3									OR	+270=		
(	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT, FEE		
Th	e "Highest Numl	ber Previously Paid	For (Total or	Independent	) is the h	nighest number f	ound	in the app	ropriale bo	x in colu	umn 1.		

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE